



Change Request Form

To be completed by BCCM only: Date Sent: 05/09/02

(1) CHANGE REQUEST LOG #

CR 0779

(2) STATUS

V

To be completed by CCM or BellSouth:

(3) REQUEST TYPE

☐ TYPE 2
(REGULATORY)

☐ TYPE 3
(INDUSTRY)

☐ TYPE 4 (BST)

TYPE 5 (CLEC)

☒ TYPE 6
(DEFECT) NOTE:
COMPLETE SECTION 2

☐ EXPEDITED
FEATURE

☐ FLOW-THRU

SECTION 1

(4) COMPANY NAME

Covad Communications

(5) OCN

(6) CCM NAME

Colette Davis

(7) TELEPHONE NUMBER

404.942.3493

(8) CCM EMAIL ADDRESS

Codavis@covad.com

(9) CCM FAX NUMBER

(10) ALTERNATE CCM NAME

(11) ALTERNATE PHONE NUMBER

(12) ORIGINATOR'S NAME

Colette Davis

(13) ORIGINATOR'S PHONE
NUMBER

404.942.3493

(14) TITLE OF CHANGE REQUEST

LineSharing Order Completion Sequencing error on R & C order

(15) CATEGORY

ADD NEW FUNCTIONLITY

X CHANGE EXISTING

(16) DESIRED DUE DATE

(17) ORIGINATING CCM

X HIGH

☐ MEDIUM

☐ LOW

Attachment A-1



Change Request Form

ASSESSMENT OF IMPACT			
(18) ORIGINATING CCM ASSESSMENT OF PRIORITY	<input checked="" type="checkbox"/> URGENT	HIGH	<input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW

(19) INTERFACES IMPACTED				
PRE-ORDERING	LENS	<input type="checkbox"/> TAG	<input type="checkbox"/> CSOTS	
ORDERING	<input checked="" type="checkbox"/> EDI	<input checked="" type="checkbox"/> LENS	<input type="checkbox"/> TAG	<input type="checkbox"/> LNP
MAINTENANCE	<input type="checkbox"/> TAFI	<input type="checkbox"/> EC-TA Local		
MANUAL	<input checked="" type="checkbox"/> Manual			

(20) TYPE OF CHANGE (Check one or more, as applicable)				
<input checked="" type="checkbox"/> Software	<input type="checkbox"/> Product & Services	<input type="checkbox"/> Documentation	<input type="checkbox"/> Hardware	<input type="checkbox"/> New or Revised Edits
<input checked="" type="checkbox"/> Regulatory	<input type="checkbox"/> Industry Standards	<input checked="" type="checkbox"/> Process	<input type="checkbox"/> Other	<input type="checkbox"/> Defect
<input type="checkbox"/> Expedited Feature	<input checked="" type="checkbox"/> Flow Through			

(21) DESCRIPTION OF REQUESTED CHANGE (Including purpose and benefit received from this change. Include attachments if available)	<p>BellSouth generates two orders for Line Sharing orders. A 'C' order on the CRIS account for the physical work to be completed in the Central Office and a 'R' order to CABS to generate the billing.</p> <p>BellSouth fails to sequence the orders so that the billing order is completed AFTER the actual physical work is completed in the Central Office.</p> <p>The result of this failure to sequence or relate the orders is 1) BellSouth is billing Covad for work they have not done 2) when Covad has to supplement the C order and, the R order has completed, Covad receives a rejection on the supplemental order request not allowing the order to process.</p> <p>This causes the Line Sharing ordering process to fail flow through and requires some manual intervention on the side of both BellSouth and Covad.</p> <p>A work around is in place by the LCSC but is not a satisfactory situation as Covad must proactive contact the LCSC on each order that falls into this scenario.</p> <p>The ENCORE Requirements dated 9/14/2000 were referenced and the BBRLO as well. Also a letter has been sent to the Line Share Collaborative and added to their action list,</p>	
	(22) REQ TYP(s) IMPACTED:	A Line Sharing Loops
	(23) ACT TYP(s) IMPACTED:	C, D

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Change Request Form

(24) PROVIDE EXAMPLE OF REQUESTED CHANGE:

(25) Identify the LSOG versions that are affected by this change

This section to be completed by BellSouth only:

(26) Does this request require clarification?

☐ YES ☐ NO

(27) Clarification Request Sent

(28) Clarification Response Due

(29) Change Request Review Date

(30) Target Implementation Date

(31) Change Review Meeting Results

05/15/02 Being reviewed by BellSouth.

(32) CANCELED CHANGE REQUEST

☐ DUPLICATE

☐ TRAINING

☐ CLARIFICATION NOT RECEIVED

(33) CANCELLATION ACKNOWLEDGMENT

☐ CLEC

☐ BST

DATE:

(34) APPEAL

☐ YES

☐ NO

(35) APPEAL CONSIDERATIONS

SECTION 2

This section to be completed by CLEC/BellSouth- External Explanation of Type 6 Defect Change Request

(36) PON #

(37) ERROR MESSAGE:

(38) RELEASE OR API VERSION
(If applicable)

(39) DESCRIPTION OF DEFECT SCENARIO:

SECTION 3

This section to be completed by BellSouth – Internal Validation of Defect Change Request

(40) DEFECT VALIDATION RESULTS:

05/21/02 – Re-classified as a defect and will be corrected in a future release TBD.

(41) CLARIFICATION NEEDED:

☐ YES

☐ NO

(42) VALIDATED DEFECT IMPACT LEVEL:

☐ HIGH

☐ MEDIUM

☐ LOW

(43) VALIDATION TYPE:

☐ DEFECT

☐ FEATURE

☐ TRAINING ISSUE

☐ DUPLICATE

Attachment A-1



Change Request Form

(44) DEFECT IMPACTS OTHER CLECS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(45) INTERFACES IMPACTED BY DEFECT:	<input type="checkbox"/> EDI <input type="checkbox"/> TAG <input type="checkbox"/> LNP <input type="checkbox"/> LENS <input type="checkbox"/> TCIF 7 <input type="checkbox"/> TCIF 9
(46) TARGET IMPLEMENTATION DATE:	TBD



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